

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56		/				
7		/					57		/				
8		/					58	/					
9		/					59		/				
10		/					60		/				
11		/					61		/				
12	/						62		/				
13		/					63		/				
14		/					64	/					
15		/					65		/				
16		/					66		/				
17		/					67		/				
18		/					68		/				
19		/					69		/				
20		/					70		/				
21		/					71	/					
22		/					72		/				
23		/					73		/				
24	/						74	/					
25		/					75		/				
26		/					76		/				
27		/					77		/				
28		/					78	/					
29		/					79	/					
30		/					80	/					
31		/					81		/				
32		/					82		/				
33		/					83	/					
34	/						84		/				
35		/					85		/				
36		/					86	/					
37		/					87	/					
38		/					88	/					
39		/					89	/					
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45	/						95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.							TOTAL IND.	18					
TOTAL DEP.							TOTAL DEP.	71					
TOTAL CLAIMS							TOTAL CLAIMS	89					